

Application Data Sheet

Application Information

Application number::
Filing Date:: 03/01/04
Application Type:: Non-provisional
Subject Matter:: Utility
Title:: DEVICES AND METHODS FOR TREATMENT
OF ABDOMINAL AORTIC ANEURYSM

Attorney Docket Number:: 020979-001910US
Request for Early Publication:: No
Request for Non-Publication:: No
Suggested Drawing Figure:: 1
Total Drawing Sheets:: 11
Small Entity?:: Yes
Petition included?:: No
Secrecy Order in Parent Appl.: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: MARK
Family Name:: DEEM
City of Residence:: Mountain View
State or Province of Residence:: CA
Street of Mailing Address:: 685 Sierra Avenue
City of Mailing Address:: Mountain View
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 94041

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: HANSON
Middle Name:: S.
Family Name:: GIFFORD
Name Suffix:: III
City of Residence:: Woodside
State or Province of Residence:: CA
Street of Mailing Address:: 3180 Woodside Road
City of Mailing Address:: Woodside
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 94062

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: BERNARD
Family Name:: ANDREAS
City of Residence:: Redwood City
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 633 California Way
City of Mailing Address:: Redwood City
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 94062

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: SUNMI
Family Name:: CHEW
City of Residence:: San Jose
State or Province of Residence:: CA
Street of Mailing Address:: 1599 Martin Avenue
City of Mailing Address:: San Jose
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 95126

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: RON
Family Name:: FRENCH
City of Residence:: Santa Clara
State or Province of Residence:: CA
Street of Mailing Address:: 1564 Heatherdale
City of Mailing Address:: Santa Clara
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 95050

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: DOUG
Family Name:: SUTTON
City of Residence:: Pacifica
State or Province of Residence:: CA
Street of Mailing Address:: 1595 Adobe Drive
City of Mailing Address:: Pacifica
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 94044

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Customer Number:: 20350

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An Appn claiming benefit under 35 USC 119(e) of	60/458,286	03/26/03

Assignee Information

Assignee Name:: THE FOUNDRY, INC.
Street of mailing address:: 604-D Fifth Avenue
City of mailing address:: Redwood City
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 94063